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04/24/2009

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(Depositor's name) (Signature)

										(Date)	
	ADDI ICATION NO	FILING DATE		IDOT NAME	D INVENTO	n I	ATTORNEY DO	OKET I	NO CONFID	MATION NO.	
-	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		NO. CONFIR	CONFIRMATION NO.	
	10/085,548 02/27/2002		Takahiro Unno				TI-32337		9	9846	
TITLE OF INVENTION: Concealment of Frame Erasures and Method											
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICA	TION FEE	PREV. PA	ID ISSUE FEE	TOTA	L FEE(S) DUE	DATE DUE	
nonprovisional		NO	\$1510 \$3		00		\$0		\$1810	07/24/2009	
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	EXAMIN	ART UNIT		CLASS-	CLASS-SUBCLASS						
	Smits, Talivaldis Ivars		2626		704-	223000	_				
	- ,				_						
1.	Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2.	For printing on	the patent front page, li	st			
	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
					$2 \underline{V}$			Wade J. Bra	ady III		
	"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the						
						ts. If no name	gistered patent attorney is listed, no name wi		<u>Frederick J.</u>	<u>Telecky, Jr</u>	
3.	ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED C	N THE PATE	NT (print or ty	pe)					
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A)	NAME OF ASSIGNEE				(B)	RESIDENCE: (CITY and STATE OR COUNTRY)					

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DALLAS, TEXAS

Please check the appropriate assignee category or categories (will not be printed on the patent) 🔲 individual 🗵 corporation or other private group entity 🔲 government								
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	Issue Fee Issue F		A check in the amount of the fee(s) is enclosed					
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	Advance Order - # of Copies		The Director is hereby authorized to charge the required fee(s), or credit any					
			overpayment, to Deposit Account Number 20-0668 (enclose an extra copy of this form).					
 5.	Change in Entity Status (from status indicated below)							
	a Applicant claims SMALL ENTITY status, See 37 CER 1 27		h Applicant is no longer claiming SMALL ENTITY status. See 37 CER 1.27(g)(2)					

Typed or printed name

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the application; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office

Authorized Signature /MIRNA ABYAD/ Date July 13, 2009

> Mirna G. Abyad Registration No. 58,615

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